PTO/SB/05 (03-01)

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No MFCP.101281

First Inventor Flora P. Goldthwaite et al.

SYSTEM AND METHOD FOR MANAGING

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Under the Paperwork Reduction Act of 1995, no persons an

applications a new the same of	THIO .	TRIO TELECTHONIC COMMON.							
(Only for new nonprovision	nal application	s under 37 CFR 1.53(b)) Expr	ess N	fail Label No.	N/A	1	38.4	
APPLICA See MPEP chapter 600 con	100 S 100 S 100 S	ADDRESS TO: Assistant Commissioner for Ratents Box Patent Application Washington, DC 20231							
Fee Transmital Full Members of the Community of the Commu	77 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	7 CD-ROM or CD-R in duplicate. large table or in Computer Program (Appendix) 8 Nucleotide and/or Amino Acid Sequence Submission (If applicable, all nocessary) a Computer Readable Form (CRF) b. Specification Sequence Listing on. i CD-ROM or CD-R (2 copies), or ii paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9 Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (In Applicable) 11. English Translation Document (If applicable) 12. Information Disclosure Copies of IDS Statement (IDS)PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically Itemized) Certified Copy of Priority Document(s) (If foreign priority is Claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)2/(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.							
For CONTINUATION OR DIVIS Box 5b, is considered a part The incorporation can only be	of the disclosure	of the accompanying co	ntinuation c	r divisi	onal application a	and is	hereby in	corpo	is supplied under rated by reference.
		19. CORRESPO	ONDENCE	ADDRE	SS		100		
Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code läbel here)			or Correspondence address below				
Name	Scott B. Strohm								
A STATE OF STATE OF STATE	Shook, Har	dy & Bacon				1.11	41.00	War.	T. M. Apart
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City	Kansas City		State	State Missouri		Zip Code 6410		64105-2118	
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Name (Print/Type)	Kerry H. C	Owens		Registi	ation No. (Atto	mey/	Agent)	o despe	37,412
Signature	U	~ ~/		Sec. 1		2	Date	06/2	5/2003

Burden Hour Statement: This form is estimated to take 0/2 19/15 to complete. Time will vary objection, upon the needs of the individual case. Any comments on the amount of time you are required to complete this form studied be sent to the Chief Information Officer; US shapen and Trademan Nifecr; Westmaplon, DC 202314-DO NIT SEND TEES OR COMPLETED FORMS TO THIS ADDRESS SEND. TO Assessment Commissioner for Palatins. Boy Patient Application,

EEE TOANOMITTAL	Complete if Known					
FEE TRANSMITTAL	Application Number	Not yet assigned				
FOR FY 2002	Filing Date	On even date herewith				
· ·	First Named Inventor	Flora P. Goldthwaite et al.				
	Examiner Name					
Patent fees are subject to annual revision.	Group Art Unit	**				

TOTAL AMOUNT OF PAYMENT					\$988.00	· [Attorney Docket No.		MFCP.101281			
METHOD OF PAYMENT				FEE CALCULATION (continued)								
1. The Commissioner is hereby authorized to charge indicated					3. ADDITIONAL FEES							
lees and credit any overpayments to: Deposit Account 19-2112 Number					Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
Deposit Account	S	hook. F	Hardy & E	Bacon LLP	1	.,		,				
Name .					1051	130	2051	65	Surcharge - late filing fee or oeth Surcharge - late provisional filing	<u></u>		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				1052	50	2052	25	fee or cover sheet	ļ			
□ A	opticant cl	laims sma	all entity sta	tus. See 37 CFR 1.27	1053	130	139	130	Non-English specification	L		
2. 🔲 P	ayment	Enclos	ed:		1812	2,520	147	2,520	For filing a request for ex parte reexamination			
☐ Check		Credit C	Card 🖸	Money Order ☐ Other	1804	850,	112	920*	Requesting publication of SIR prior to Examiner action			
FEE CALCULATION			1805	1,840*	113	. 1,840*	Requesting publication of SIR after Examiner action					
1. BASIC FILING FEE			1251 -	110	215	55	Extension for reply within first month					
Large	Entity	Small	Entity	'	1252	410	216	200	Extension for reply within second month			
Fee .	Fee (\$)	Fee Code	Fee (\$)	Fee Description Fee	1253	930	217	460	Extension for reply within third month	L		
				Paid .	1254	1,450	218	720	Extension for reply within fourth month	1		
1001	750	2001	375	Utrity filing fee	1255	1,970	228	980	Extension for reply within fifth month			
1002	330	2002	165	Design filing fee	1401	320	219	160	Notice of Appeal			
1003	520	2003	260	Plant filing fee	1402	320	220	160	. Filing a brief in support of an appeal			
1004	750	2004	375	Reissue filing fee	1403	280	221	140	Request for oral hearing			
1005	160	2005	80	Provisional filing fee	1451	1,510	138	1,510	Petition to institute a public use proceeding			
					1452	110	240	55	Petition to revive - unavoidable			
EXTRA	CLAIM	cccc	Su	BTOTAL (1) \$750.00	1453	1,300	241	640 640	Petition to revive - unintentional Utility issue fee (or reissue)	}==		
E. EATTE	CLAIR	LLS	Extra	Fee from Fee Paid	1502	470	243	230				
Total Claims	31 -	20** =	Cleims	below = \$198.00	1502	630	244	310	Deşign issue fee Plant issue fee			
Independent	3 .	3" =	0	x \$84 = \$0	1460	130	122	130	Petitions of the Commissioner			
Claims Multiple Dep	-		•	= \$0	1807	50	123	50	Processing fee under 37 CFR			
					1806	180	126	180	1.17(q) Submission of Information	<u> </u>		
Large Fee Code	Entity Foe (5)	Small Fea Code	Emily Foo (\$)	Fee Description	8021,	40	581	40	Disclosure Statement Recording each petent essignment per properties (times number of properties)	40.00		
1202	10	2202	9	Cleims in excess of 20	1809	750	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))			
1201	84	2201	42	Independent claims in excess of 3	1810	750	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	-		
1203	280	2203	140	Multiple dependent claims, if not paid	1801	750	279	370	Request for Continued Examination (RCE)			
1204	84	2204	42	"Retssue Independent claims over original patent	1802	900	169	900	Request for expedited examination of a design application			
1205	18	2205	9	"Reissue claims in excess of 20 and over original petent								
			SL	JBTOTAL (2) \$198.00	Other fee	e (specify)						
or number	previous	sly paid, i		For reissues, see above.	*Reduce	d by Basic	Filing Fee	Paid	SUBTOTAL (3) S	40.00		
SUBMITTE	D BY							-	Complete (if applicable)			
Name (Prin	t/Type)		Kerry I	I. Owens		istration		37.412	Telephone (202) 78	3-8400		
						ornev/Aa						

Date

June 25, 2003